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IRON FOUNDRY WORKERS SHOW HIGHEST PERCENTAGE OF DEATHS FROM PNEUMONIA

An analysis now being made of the causes of death, by occupation, among white male Industrial policyholders of the Metropolitan Life Insurance Company (covering the years 1922 to 1924) has brought to light many striking differences in the distribution of deaths by causes among the occupational classes investigated. The proportion of deaths from some causes, notably pneumonia and other diseases of the respiratory system, in certain occupations is found to be so much higher than the average for all occupations as to leave little doubt that there is a direct causal relationship between the occupation and the high incidence of the disease. One of the outstanding results of this investigation is the discovery of an unsuspected amount of pneumonia in certain occupations.

The harmful effect of industrial environment favoring the development of pneumonia is shown in the abnormally high percentage of deaths among the iron foundry workers. Pneumonia accounted for 15.9 per cent. of all deaths among these workers, while only 7.7 per cent. of the deaths among all occupied males were attributed to this cause. The percentage of deaths is well above the average at every age of the main working period of life, 15 to 64 years. In the age period 25 to 34, it is over three times the average. The very lowest relative percentage is found in the period 35 to 44 years, and even here it is 86 per cent. above the average. Not only do iron foundry workers have the highest percentage of deaths from pneumonia of any occupational class, but there were actually more deaths from this cause among them than from any other cause. This is true of no other occupational class included in the Metropolitan's investigation.

Several occupational classes, in addition to iron foundry workers, show percentages of deaths from pneumonia which are well above the average. The table on page 2 shows the percentage of deaths

from pneumonia in the fifteen occupational classes having the highest figures. Seventy-four occupational classes, in all, were studied.

Percentage of Deaths Due to Pneumonia (All Forms) of Deaths from All Causes in Specified Occupations
Mortality Experience of Metropolitan Life Insurance Company, on White Male Industrial Policyholders, 15 Years and Older, 1922 to 1924

Occupation or Industry	Deaths (15 Years and Older)		Per Cent. of Deaths from Pneumonia		Standardized Ratio*
	All Causes	Pneumonia	Crude for Ages 15 Years and Older	Standardized for Ages 15–64 Years	Ages 15–64 Years
All Occupations Combined	105,467	8,138	7.7	8.0	100.0
Iron and steel molders and foundry workers	1,234	196	15.9	17.6	220.0
Cordage and hemp mill operatives	79	9	11.4	14.8	185.0
Polishers, iron and steel products	105	12	11.4	14.7	183.8
Coal miners(underground)	1,960	241	12.3	12.0	150.0
Iron and steel mill workers	1,587	167	10.5	11.4	142.5
Rubber factory operatives	439	45	10.3	10.8	135.0
Hucksters and peddlers	932	93	10.0	10.6	132.5
Roofers	179	20	11.2	10.5	131.3
Longshoremen and stevedores	594	63	10.6	10.4	130.0
Brick, tile and terra cotta workers	199	18	9.0	10.2	127.5
Boiler makers	367	32	8.7	9.9	123.8
Glass workers	323	31	9.6	9.6	120.0
Laborers	10,240	934	9.1	9.6	120.0
Blacksmiths	876	75	8.6	9.6	120.0
Miners (underground, except coal)	225	20	8.9	9.4	117.5

*The percentage of deaths (8.0) shown in Column 4 for all occupations combined was taken as 100. The Standardized percentage for each occupation divided by 8.0 gives the Standardized Ratio.

Summarizing the above findings, we may say that three distinct types of hazards are closely associated with a high percentage of deaths from pneumonia, namely, dust, extreme heat and sudden variations in temperature and exposure to the weather. The only noteworthy exceptions to these general findings are the low percentages of deaths found for cutlers and grinders, brass foundry workers and pottery workers, all of whom are exposed to the hazards which we have found associated with a high percentage of deaths from pneumonia. The number of deaths from all causes for each of these classes was small. Their low percentages may, therefore, be due to chance variation.

All of these findings are confirmed by the earlier studies of occupational mortality, and especially by a previous study by the Metropolitan of the causes of death by occupations covering the years 1911 to 1913, which was published by the United States Bureau of Labor Statistics, as *Bulletin 207*. The Registrar-General of England and Wales has recently published his decennial report on Occupational Mortality for the years 1921 to 1923. There is quite close agreement between his findings and ours. Both studies cover virtually the same period. The ten occupations in the British study showing the highest deathrates from pneumonia in order of magnitude were brass foundry laborers, grinders and cutlers, stevedores, cotton blow room operatives, iron foundry furnace men and laborers, cotton carders, puddlers, metal polishers, "other" dock laborers.

TUBERCULOSIS DEATHRATE AMONG INDUSTRIAL POPULATIONS OF AMERICAN STATES AND CANADIAN PROVINCES

The mortality from tuberculosis is considerably higher among the industrial populations in Canada than among American wage-earners and their families. This is clearly indicated by the fact that among more than 1,000,000 Canadian Industrial policyholders of the Metropolitan Life Insurance Company, in 1927, the tuberculosis deathrate was 102.1 per 100,000, whereas among approximately 14,500,000 white Industrial policyholders in the United States, it was only 71.0.

These figures, however, are composites for the total industrial populations of the two countries. An inspection of the figures for the individual Canadian provinces shows that the higher deathrate in Canada is due entirely to conditions in Quebec, Nova Scotia, and New Brunswick and that the group of western provinces (Manitoba, Saskatchewan, Alberta and British Columbia) have a lower tuberculosis deathrate than any other broad region of either country.

In the United States the highest tuberculosis deathrate in 1927 was that for the East South Central region. The West South Central region registered the second highest regional rate, with the Pacific Coast States third, and the South Atlantic States fourth. In New England, the Middle Atlantic States, the East North Central and West North Central States and the Mountain States, the mortality from tuberculosis was well below the average.

In both the Pacific Coast and the Mountain States the mortality from tuberculosis would be very much lower than the recorded

Tuberculosis (All Forms). Deathrates per 100,000 Persons Exposed. By Geographic Division, State and Province. All Ages. Metropolitan Life Insurance Company, Industrial Department, 1927

Geographic Division	Deathrates per 100,000	
	White	Colored
Total Company	73.7[1]	226.9[2]
United States	71.0[3]	226.0[4]
New England	61.7	207.8
Maine	62.9	*
New Hampshire	67.0	†
Vermont	54.9	*
Massachusetts	63.4	224.8
Rhode Island	64.2	173.4
Connecticut	55.0	201.4
Middle Atlantic	69.6	211.1
New York	68.5	233.0
New Jersey	73.1	188.8
Pennsylvania	69.6	199.1
East North Central	64.9	221.5
Ohio	66.2	284.3
Indiana	67.9	162.8
Illinois	59.8	202.0
Michigan	73.7	255.4
Wisconsin	63.4	371.1
West North Central	62.0	184.8
Minnesota	56.7	170.5
Iowa	45.6	191.3
Missouri	70.1	199.0
Nebraska	39.6	165.6
Kansas	44.3	145.9
South Atlantic	82.6	250.6
Delaware	68.9	171.2
Maryland	88.4	241.9
Dist. of Columbia	60.5	190.5
Virginia	88.8	227.5
West Virginia	85.4	215.4
North Carolina	91.3	312.9
South Carolina	96.2	428.3
Georgia	79.0	232.3
Florida	60.1	272.3
East South Central	110.4	258.3
Kentucky	109.3	206.5
Tennessee	123.4	263.7
Alabama	90.8	299.7
Mississippi	87.0	*
West South Central	96.4	267.0
Arkansas	80.4	370.1
Louisiana	104.6	226.6
Oklahoma	85.8	261.3
Mountain	60.2	334.6
Montana	27.0	†
Idaho	13.9	†
Colorado	163.1	397.4
Utah	19.9	*
Pacific	83.6	186.9
Washington	52.7	295.9
Oregon	47.2	336.7
California	94.3	170.3
Canada	102.1[5]	235.8
Eastern Provinces	110.5	*
Nova Scotia	146.9	*
New Brunswick	108.3	*
Quebec	148.1	*
Ontario	51.2	*
Western Provinces	44.5	*
Manitoba	32.3	*
Saskatchewan	60.1	†
Alberta	39.3	*
British Columbia	49.7	†

*Deathrate not calculated on account of small number of colored policyholders.
†No deaths.

[1] Includes 54 deaths of white policyholders outside United States and Canada.
[2] Includes 22 deaths of colored policyholders outside United States and Canada.
[3] Includes 108 deaths of white policyholders in States not tabulated below.
[4] Includes 28 deaths of colored policyholders in States not tabulated below.
[5] Includes deaths in provinces not tabulated below (Prince Edward Island and Newfoundland).

figures were it not for the many deaths that occur in California and Colorado. The rates in these two states show very clearly that a high deathrate from tuberculosis is now and then associated with the very best of health conditions. Thousands of tubercular persons go every year to these states because their climatic advantages offer hope of saving or prolonging life. It is inevitable that the high deathrate among these people should be reflected by an inflated rate for these states.

A glance at the table on page 4 shows clearly that among the industrial populations of the United States, the higher tuberculosis deathrates are registered, for the most part, south of the Mason and Dixon line. Among the states ranking first to fifteenth, in high mortality from tuberculosis, we find thirteen in the South Atlantic, East South Central, and West South Central regions. Colorado and California are the only exceptions, and the reason for their high mortality has been explained above. Furthermore, the relative positions of the several states do not differ markedly from those in the general population.

The outstandingly low rates in the United States were those for Utah, Montana, Nebraska, Kansas, Iowa, and Oregon; and in Canada, for Manitoba, Alberta, and British Columbia.

The deathrates in the foregoing paragraphs relate to white persons only. Tuberculosis is preeminently a disease of the negro race whose deathrate from this disease is more than three times that among the whites. Disregarding the Mountain States where there was a very high deathrate among the relatively few colored persons insured in the Metropolitan, we find that the higher tuberculosis mortalities are recorded in the same parts of the country as for the whites, namely, in the East South Central, West South Central and South Atlantic States.

A HISTORICAL RETROSPECT ON EXPECTATION OF LIFE—II

(*Continued from November, 1927, Statistical Bulletin*)

In the November, 1927, STATISTICAL, BULLETIN we published a historical retrospect of some of the principal American and English life tables, showing the expectation of life at birth. We now supplement, with corresponding data for the later ages of life, the information previously given. In the tables on pages 7 and 8, will be found the expectation of life at ages 0, 10, 20, and by decades up to age 90. The table suggests the following comments: About the middle of the last century the expectation of life at birth in the United States and among

our close relatives in England and Wales, was, in round numbers, forty years.* The current expectation of life at birth, according to the latest published life tables, is in the neighborhood of 59 years, so that there has been a gain, at birth, of some nineteen years. But the picture is rather different in the later ages of life. At age 10 the expectation of life in the United States in the middle of the last century was about 47 years, whereas the current figure is about 55, a gain in this case of only about eight years. At age 20 the figure for the middle of the last century is once more about 40 years, as at birth. The current figure in the United States is about 46½ years, so that there has been a gain of about six and a half years. At age 30 the figure for the middle of the last century was 34 years; the recent figure is about 38 years, a gain of about four years. Similarly, we could continue to make comparison, and we find, as we go up in age, the gains are less and less. This, of course, is in a sense to be expected, because the longer period of remaining years of life that lies before a young person gives so much greater opportunity for gains. A child of two preserved from death brings to the total life of the population a possibility of 60 or more additional years, whereas the saving of a man in his sixtieth year, for example, will not, on an average, add much over fifteen years to the total life of the population. But the greater gain in the expectation of life at the younger ages is also due, in part, to the direct fact that decreases in mortality have been greater at the younger ages than in later life. These gains have been accomplished very largely by reduction of the mortality from the acute communicable diseases of children, and from diarrheal diseases, during the first and second years of life. Here there has been a definite program of control. In early adult life much has been accomplished through reduction of the mortality from tuberculosis, typhoid fever and other diseases against which well-conceived and organized efforts have been conducted. As is well known, the principal causes of death among persons in and past mid-life, the so-called "degenerative" diseases—chronic nephritis and diseases of the heart and arteries—have not, so far, been attacked with appreciable success either by curative or by preventive measures. The gains in expectation of life that have been recorded, so far, cannot be construed as representing an extension of the natural life span, but only as an increase in the proportion of persons that live out more nearly a normal period of existence.†

*Some of the earlier life tables, prior to 1850, cannot be regarded as reliable, as the technique of their construction was crude.

†We desire to take this opportunity to correct a regrettable error which occurred in the table published in the November, 1927, issue. The 1919-20 life tables for the United States were, by an oversight, credited to GLOVER. They were, in fact, prepared by Miss ELBERTIE FOUDRAY of the United States Census Bureau.

Extracts From Some Historical Life Tables

No.	Territory	Date	Expectation of Life in Years at Specified Ages									
			0	10	20	30	40	50	60	70	80	90
	PERSONS											
1	Breslau (Germany)	1687-1691	33.50	39.99	33.61	27.35	21.78	16.81	12.09	7.53	5.74	.....
2	Northampton (England)	1735-1780	25.18	39.78	33.43	28.27	23.08	17.99	13.21	8.60	4.75	2.41
3	Carlisle (England)	1779-1787	38.72	48.82	41.46	34.34	27.61	21.11	14.34	9.17	5.51	3.28
4	Mass. and New Hampshire	1789	35.47	43.21	34.21	30.24	26.04	21.16	15.43	10.06	5.85	3.73
5	Philadelphia	1814	25.96	34.59	27.04	21.48	19.15	16.32	13.71	9.83	6.97	4.73
6	Episcopal Church, U. S.	1814	30.91	37.12	30.60	25.50	21.44	17.32	13.75	9.37	5.95	.....
7	Massachusetts	1855	39.8	47.1	39.9	34.0	27.9	21.3	15.0	9.4	5.0	2.9
	MALES											
8	England and Wales	1841	40.19	47.08	39.88	33.13	26.56	20.02	13.50	8.51	4.92	2.68
9	England and Wales	1838-1844	40.36	47.47	39.99	33.21	26.46	19.87	13.60	8.55	4.97	2.80
10	Massachusetts	1850	38.3	.....	40.1	.....	27.9	.....	15.6	.....	5.9	.....
11	Maryland	1850	41.8	.....	39.7	.....	25.8	.....	14.4	.....	6.2	.....
12	United States, White	1860	41.01	48.44	40.87	34.51	27.88	21.22	14.93	9.51	5.41	2.76
13	Massachusetts	1878-1882	41.74	49.92	42.17	35.68	28.86	22.02	15.60	10.32	6.86	.....
14	Massachusetts	1890	42.50	48.45	40.66	34.05	27.37	20.72	14.73	9.35	5.40	2.57
15	Massachusetts	1893-1897	44.09	49.33	41.20	34.28	27.41	20.53	14.38	9.34	5.70	3.16
16	Massachusetts	1901	46.07	50.17	41.82	34.46	27.17	20.15	13.90	8.88	5.07	2.77
17	Massachusetts	1910	49.33	51.14	42.48	34.55	26.97	19.79	13.42	8.58	5.07	2.96
18	U. S., O. R. S., White	1901	48.23	50.59	42.19	34.88	27.74	20.76	14.35	9.03	5.10	2.85
19	U. S., O. R. S., White	1909-1911	50.23	51.32	42.71	34.87	27.43	20.39	13.98	8.83	5.09	2.99
20	U. S., O. R. S., White	1919-1920	54.05	52.75	44.29	36.46	28.84	21.34	14.59	9.08	5.15	2.54
21	U. S. (27 states), White	1919-1920	55.33	53.46	44.94	37.14	29.55	22.00	15.11	9.43	5.39	3.05
22	U. S., R. S., White	1925	58.29	54.38	45.61	37.11	28.84	21.10	14.23	8.84	5.05	3.01
23	England and Wales	1838-1854	39.91	47.05	39.48	32.76	26.06	19.54	13.53	8.45	4.93	2.84
24	England and Wales	1871-1880	41.35	47.60	39.40	32.10	25.30	18.93	13.14	8.27	4.79	2.66
25	England and Wales	1881-1890	43.66	49.00	40.27	32.52	25.42	18.82	12.88	8.04	4.52	2.37
26	England and Wales	1891-1900	44.13	49.63	41.02	33.07	25.64	18.90	12.93	8.05	4.62	2.58
27	England and Wales	1901-1910	48.53	51.81	43.01	34.76	26.96	19.76	13.49	8.39	4.86	2.56
28	England and Wales	1910-1912	51.50	53.08	44.21	35.81	27.74	20.29	13.78	8.53	4.90	2.87
29	England and Wales	1920-1922	55.62	54.64	45.78	37.40	29.19	21.36	14.36	8.75	4.93	2.82

Extracts From Some Historical Life Tables—*Continued*

No.	Territory	Date	Expectation of Life in Years at Specified Ages									
			0	10	20	30	40	50	60	70	80	90
	FEMALES											
8	England and Wales	1841	42.18	47.81	40.81	34.25	27.72	21.07	14.40	9.03	5.20	2.77
9	England and Wales	1838-1844	42.04	47.86	40.65	34.06	27.50	20.84	14.49	9.12	5.34	3.09
10	Massachusetts	1850	40.5	.....	40.2	.....	29.8	.....	17.0	.....	6.4	.....
11	Maryland	1850	44.9	.....	42.1	.....	29.5	.....	16.0	.....	7.0	.....
13	Massachusetts	1878-1882	43.50	50.04	42.78	36.70	30.29	23.50	16.91	11.30	7.37	.....
14	Massachusetts	1890	44.46	49.62	42.03	35.36	28.76	22.09	15.70	10.15	5.75	2.83
15	Massachusetts	1893-1897	46.61	50.70	42.79	35.85	29.00	22.10	15.74	10.36	6.56	3.73
16	Massachusetts	1901	49.42	52.12	43.71	36.19	28.79	21.57	15.06	9.56	5.55	3.00
17	Massachusetts	1910	53.06	53.56	44.85	36.78	29.04	21.55	14.79	9.49	5.49	3.05
18	U. S., O. R. S., White	1901	51.08	52.15	43.77	36.42	29.17	21.89	15.23	9.59	5.50	3.02
19	U. S., O. R. S., White	1909-1911	53.62	53.57	44.88	36.96	29.26	21.74	14.92	9.38	5.35	3.00
20	U. S., O. R. S., White	1919-1920	56.41	53.78	45.17	37.62	29.95	22.26	15.27	9.59	5.59	3.06
21	U. S. (27 States), White	1919-1920	57.52	54.43	45.77	38.25	30.67	22.93	15.82	9.89	5.69	3.14
22	U. S., R. S., White	1925	61.14	56.23	47.31	38.86	30.55	22.55	15.33	9.56	5.41	3.01
23	England and Wales	1838-1854	41.85	47.67	40.29	33.81	27.34	20.75	14.34	9.02	5.26	3.01
24	England and Wales	1871-1880	44.62	49.76	41.66	34.41	27.46	20.68	14.24	8.95	5.20	2.90
25	England and Wales	1881-1890	47.18	51.10	42.42	34.76	27.60	20.56	14.10	8.77	5.00	2.75
26	England and Wales	1891-1900	47.77	51.97	43.44	35.39	27.82	20.64	14.10	8.78	5.05	2.87
27	England and Wales	1901-1910	52.38	54.53	45.77	37.36	29.37	21.81	15.01	9.25	5.36	2.94
28	England and Wales	1910-1912	55.35	55.91	47.10	38.54	30.30	22.51	15.48	9.58	5.49	3.16
29	England and Wales	1920-1922	59.58	57.53	48.73	40.26	31.86	23.69	16.22	9.95	5.56	3.13

Authority: (Numbers correspond to numerals in the first column of the table above)

1. Halley
2. Price
3. Milne
4. Wigglesworth
5. Pennsylvania Company for Assurance Upon Lives
6. Pennsylvania Company for Assurance Upon Lives
7. Elliott
8. Official English Life Table No. 1
9. Official English Life Table No. 2
10. Kennedy
11. Kennedy
12. Meech
13. Billings
14. Glover
15. Abbott
16. Glover
17. Glover
18. Glover
19. Glover
20. Foudray
21. Foudray
22. Metropolitan Life Insurance Co.
23. Official English Life Table No. 3
24. Official English Life Table No. 4
25. Official English Life Table No. 5
26. Official English Life Table No. 6
27. Official English Life Table No. 7
28. Official English Life Table No. 8
29. Official English Life Table No. 9

Abbreviations: O. R. S. denotes Original Registration States. R. S. denotes Registration States, as constituted in 1920.

HEALTH RECORD FOR FEBRUARY, 1928

A new low point in the mortality rate during the month of February, for any year, was established last month in the Industrial populations of the United States and Canada. This is shown by the remarkably low February deathrate of 9.4 per 1,000 recorded among the more than 18,000,000 Industrial policyholders of the Metropolitan Life Insurance Company. The previous low point for February was 9.6, and was registered in both 1927 and 1921.

The most important single factor in reducing last month's deathrate to this new minimum was a drop in the mortality from tuberculosis to 89.5 per 100,000, as compared with 99.7 during the same month of 1927. Early indications point to a considerable reduction, for the year as a whole, from the previous minimal figure for tuberculosis which was established only last year. The year-to-date tuberculosis deathrate among the Metropolitan Industrial policyholders for the first twelve weeks of 1928 was only 90.5 per 100,000, as compared with 97.7 for the same weeks of 1927. It should be borne in mind that the season of highest mortality from tuberculosis extends from January to May. If, therefore, the reduced deathrate continues during March, April and May, the end of 1928 will be almost sure to be signalized by still another new low record in the mortality from tuberculous disease.

Other diseases and causes of death to show improved mortality records over February of last year are typhoid fever, measles, scarlet fever, whooping cough, influenza, Bright's disease, conditions incidental to pregnancy and childbirth, suicide and homicide.

On the other hand, the deathrate in February was higher than last year for diphtheria, organic heart disease, and automobile fatalities. The rise in the diphtheria rate follows an increase in January over last year's figure for that month, and points strongly to a further rise in the diphtheria deathrate this year. January and February are two of the months in which the diphtheria deathrate runs much above the average. As noted in the February STATISTICAL BULLETIN, it is now important to determine whether or not the increase has occurred in communities where an active immunization campaign has been carried on.

The course of the automobile accident deathrate has been steadily upward for two decades; but no previous year has begun as badly as has 1928. Following a January deathrate that had never been even approached by any previous figure for that month, no less than 228 Metropolitan Industrial policyholders were killed by automobiles in

ance Upon Lives 14. Glover 22. Metropolitan Life Insurance Co.
Abbreviations: O. R. S. denotes Original Registration States. R. S. denotes Registration States, as constituted in 1920.

February, with a deathrate of 15.8 per 100,000, which is higher by 37.4 per cent. than the previous February maximum of 11.5 per 100,000, as recorded only last year.

The general deathrate for the large cities of the United States was 13.9 per 1,000 population, which is slightly above the figures for both January, 1928, and February, 1927. Measles, scarlet fever, smallpox and influenza were more prevalent than in January, with fewer cases of diphtheria, poliomyelitis and typhoid fever. As compared with February a year ago, there were more cases of diphtheria, influenza, poliomyelitis and smallpox, with less scarlet fever, measles and typhoid fever.

North Carolina, South Carolina and Alabama reported the most noteworthy declines in diphtheria cases. Poliomyelitis cases declined from 156 during the first three weeks of January to 128 during the corresponding weeks of February. The largest declines were reported from Massachusetts, Washington and Oregon. Case reports in California increased, however, from 23 to 36.

Measles is unquestionably becoming more prevalent with 32,084 cases reported during the first three weeks in February, as compared with 21,591 during the same weeks of January. The increase in New Jersey was from 594 cases to 1,241; in Maryland, from 769 to 1,763; and in Louisiana, from 149 to 575.

Smallpox was decidedly more prevalent in February, in Illinois, West Virginia and Texas. In Kenosha, Wis., the discovery of two cases resulted in the closing of a school for two weeks. A report from Green Bay, Wis., where opponents of compulsory vaccination have been active for about twenty years, is to the effect that nearly 15 per cent. of the city's total registration of school children remained away from school rather than be vaccinated when several smallpox cases were reported.

The following table shows the mortality among the Industrial policyholders for February, 1928; January, 1928; February, 1927; and the year 1927.

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates* per 100,000 for Principal Causes, Premium-paying Business in Industrial Department (Annual Basis)

MONTHS OF FEBRUARY, 1928; JANUARY, 1928, AND OF FEBRUARY, 1927

CAUSES OF DEATH	RATE PER 100,000 LIVES EXPOSED*			
	Feb. 1928	Jan. 1928	Feb. 1927	Year 1927†
TOTAL—ALL CAUSES	943.5	944.9	956.6	885.4
Typhoid fever	1.7	1.8	3.1	4.6
Measles	4.2	3.8	5.5	4.1
Scarlet fever	4.4	3.6	5.2	3.1
Whooping cough	4.1	4.3	5.3	6.4
Diphtheria	12.6	14.8	11.3	10.5
Influenza	25.6	25.4	30.0	17.7
Tuberculosis (All forms)	89.5	84.8	99.7	93.3
Tuberculosis of resp'y system	78.6	74.2	88.5	81.7
Cancer	76.3	74.3	75.5	74.0
Diabetes mellitus	18.6	19.0	18.9	16.7
Cerebral hemorrhage	57.9	59.4	57.1	54.9
Organic diseases of heart	149.4	150.7	136.7	132.2
Pneumonia (All forms)	117.4	111.2	118.0	77.6
Other respiratory diseases	18.2	18.9	18.6	15.4
Diarrhea and enteritis	14.0	13.0	14.3	24.5
Bright's disease (Chronic nephritis)	75.5	79.4	80.2	69.3
Puerperal state	13.3	13.7	14.9	15.4
Suicides	7.0	7.4	7.8	8.3
Homicides	5.6	6.2	7.2	7.2
Other external causes (excluding suicides and homicides)	55.6	62.4	54.0	63.7
Traumatism by automobiles	15.8	16.1	11.5	18.3
All other causes	192.6	190.9	193.5	186.7

*All figures include infants insured under one year of age.

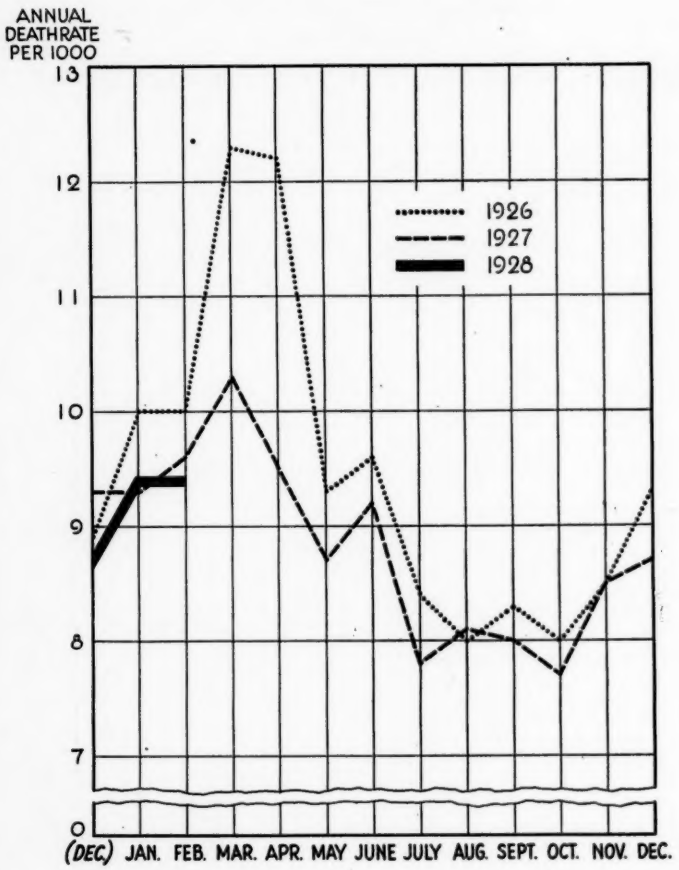
†Based on provisional estimate of lives exposed to risk in 1927.

Correspondence on the subjects discussed in these BULLETINS may be addressed to: The Editor,

STATISTICAL BULLETIN,
Metropolitan Life Insurance Company,
1 Madison Avenue, New York City

Deathrates from All Causes

METROPOLITAN LIFE INSURANCE CO.
INDUSTRIAL DEPARTMENT



1926	10.0	10.0	12.3	12.2	9.3	9.6	8.4	8.0	8.3	8.0	8.5	9.3
1927	9.3	9.6	10.3	9.5	8.7	9.2	7.8	8.1	8.0	7.7	8.5	8.7
1928	9.4	9.4										

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